Signature

PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032

02-15-01

Date

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. First Inventor SIGNAL

(Only for new nonprovision	nal applications under 37 CFR 1.53(b))	Express Mail Label No.					
	ATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application					
	cerning utility patent application contents	s. Washington, DC 20231					
2. Submit an original and a Applicant claims see 37 CFR 1.27 3. Specification (preferred arrangement - Descriptive title - Cross Reference - Statement Registration - Reference to see	[Total Pages 25] Int set forth below) In of the invention Lee to Related Applications Larding Fed sponsored R & D Bequence listing, a table, In order to the control of	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies					
- Brief Summary		ACCOMPANYING APPLICATION PARTS					
- Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113) [Total Sheets							
40 IS - CONTINUING ADDI	IOATION -bt	and the manifely information below and in a proliminary amondment					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Of prior application No: Prior application information: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
	19. CORRESPON	DENCE ADDRESS					
Customer Number or Ber Code Lebel (Insert Customer No. or Attach ber code label here) or Correspondence address below							
Name	04/1/62	ron					
	205 Indian	Spring Drive					
Address							
City	Silver Spring	State MD Zip Code 20901					
Country	1	elephone 301 578 4049 Fax					
Name (Print/Type)	James W. Caron	Registration No. (Attorney/Agent)					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL	ABBOTINE	OF DAVISELE	
IUIAL	AMOUNT	OF PAYMEN	Į

(\$)	3	5	5	00

Complete if Known				
Application Number				
Filing Date				
First Named Inventor	Jumes	N.	Caron	
Examiner Name				
Group Art Unit				
Attorney Docket No.		········		

METHOD OF PAYMENT	FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES				
Deposit Deposit	Large Entit				
Account Number		Fee Fee Code (\$)	•	Fee Paid	
Deposit Account	105 130	205 65	Surcharge - late filing fee or oath		
Name Charge Any Additional Fee Required	127 50	227 25	Surcharge - late provisional filing fee or cover sheet		
	139 130	139 130	Non-English specification		
See 37 CFR 1.27	147 2,520	147 2,520	For filing a request for ex parte reexamination	1	
2. A Payment Enclosed: A Check Credit card Money Other	112 920*	112 920*	Requesting publication of SIR prior to Examiner action		
FEE CALCULATION	113 1,840*	113 1,840	Requesting publication of SIR after Examiner action		
1. BASIC FILING FEE	115 110	215 55	Extension for reply within first month		
Large Entity Small Entity	116 390	216 195	Extension for reply within second month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890	217 445	Extension for reply within third month		
	118 1,390	218 695	Extension for reply within fourth month		
101 710 (201) 355 Utility filing fee 355	128 1,890	228 945	Extension for reply within fifth month		
107 490 207 245 Plant filing fee	119 310	219 155	Notice of Appeal		
108 710 208 355 Reissue filing fee	120 310	220 155	Filing a brief in support of an appeal		
114 150 214 75 Provisional filing fee	121 270	221 135	Request for oral hearing		
0UDTOTAL (A) (B) 7.55	138 1,510	138 1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 355	140 110	240 55	Petition to revive - unavoidable	<u> </u>	
2. EXTRA CLAIM FEES Fee from	141 1,240	241 620	Petition to revive - unintentional		
Extra Claims below Fee Paid	142 1,240	242 620	Utility issue fee (or reissue)		
Total Claims 9 -20** = - 11 X = - 0	143 440	243 220	Design issue fee		
Independent Claims - 3** = -2 x = 0	144 600	244 300	Plant issue fee		
Multiple Dependent	122 130	122 130	Petitions to the Commissioner		
	123 50	123 50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180	126 180	Submission of Information Disclosure Stmt		
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40	581 40	Recording each patent assignment per property (times number of properties)		
102 80 202 40 Independent claims in excess of 3	146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))		
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims	149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))		
over original patent	179 710	279 355	Request for Continued Examination (RCE)		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	1	169 900	Request for expedited examination of a design application		
SUBTOTAL (2) (\$) O	Other fee (specify)				
**or number previously paid, if greater; For Reissues, see above	*Reduced by	Basic Filino	Fee Paid SUBTOTAL (3) (\$)		

SUBMITTED BY					Complete (if applicable)		
Name (Print/Type)	James N	. Caron	Registration No. (Attorney/Agent)	Telephone	301 578 4049		
Signature	Janes "	M. Carm		Date	2-15-01		

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